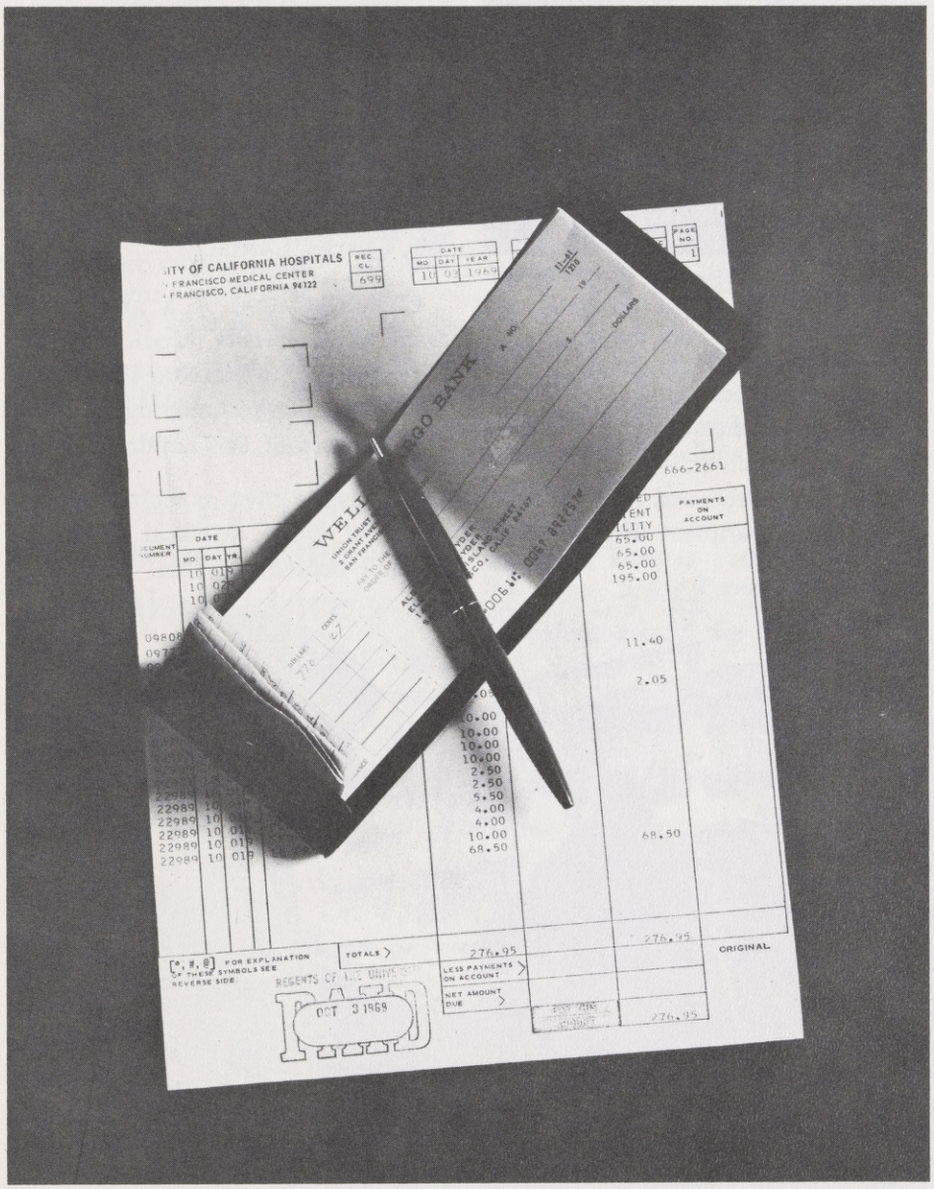
UCSF

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The price is still going up

There's no doubt about it. Health care costs are soaring. A few months ago, Secretary of Health, Education and Welfare Robert Finch called for "concerted action by government and private sector" to avoid a breakdown in delivery of health care. A month ago, Robert Myers, chief actuary of Social Security Administration, forecast that hospital costs per day would climb 15 percent this year, 14 percent next year, 13 percent in 1971. After that, he predicted, the rate of increase would gradually decline and level off at 4 percent after 1977. What motivates increases and are there ways to put on the brakes? Administrator Harold Hixson of UC Hospitals answers some of these questions inside this issue.

ALL-DAY SYMPOSIUM

Dr. Philip R. Lee inauguration

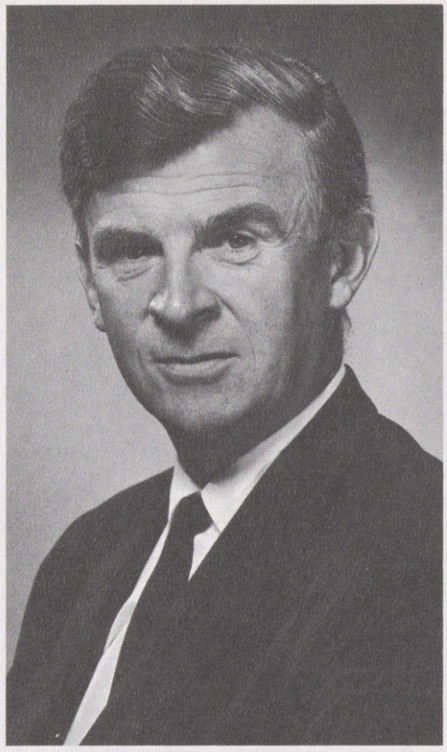
At a day-long symposium on "Health Sciences and the Community" on Nov. 1, Dr. Philip Randolph Lee was inaugurated as chancellor of University of California San Francisco Medical Center.

Former Assistant Secretary for Health and Scientific Affairs, Department of Health, Education and Welfare, Washington, D.C., Chancellor Lee was officially inaugurated at ceremonies in the Medical Sciences auditorium on the San Francisco campus.

Presiding for the official occasion was Charles J. Hitch, UC president. The keynote address was given by Dr. Roger O. Egeberg, assistant secretary for health and scientific affairs in the Department of Health, Education and Welfare in the nation's capitol.

The inaugural address was presented by Dr. Franklin D. Murphy, former chancellor at UCLA and now chairman of the board of *Times-Mirror Co.* of Los Angeles, and Chancellor Lee.

Other speakers at the symposium included S. Alex Stalcup, president of



DR. PHILIP R. LEE
Inauguration ceremonies

Associated Students of UCSF and a third year medical student, and Dr. Robert M. Featherstone, chairman of the San Francisco division of the Academic Senate and chairman of the UCSF department of pharmacology.

A highlight of the symposium was the panel discussion on "Education in the Health Sciences" at which Dr. Malcolm S. M. Watts, associate dean of the UCSF school of medicine, presided. Moderator was Dr. Lloyd H. Smith, chairman of the UCSF department of medicine.

Presiding at the afternoon panel on "Health Sciences Campus and Its Community" was Dr. Philip Weinstein of UCSF. Dr. Leonard J. Duhl, special assistant to the secretary of the Department of Housing and Urban Development in Washington, D.C., was moderator.

Invocation at inauguration ceremonies was given by Chaplain John Ring and the benediction by Chaplain Charles Carroll.

Chancellor Lee is a graduate of Stanford University Medical School. He is married to Stanford Law School alumna Catherine Lockridge Lee and is the father of five children.

The family lives in the official residence of UCSF Medical Center on the hill behind campus. ◄



At the Bufano statue in front of Millberry Union, Chancellor Philip Lee chats with two entering students on the SF campus.

Volunteers receive award pins at tea

"Your expression of concern is admirable; your attitude of giving is saluted; your significant contributions to our patients and to our hospitals are very deeply appreciated. From all of us 'thank you.'"

These words in a letter sent to all UC Hospitals volunteers and signed by Harold Hixson, hospital administrator, keynoted events at the annual Volunteer Recognition Tea in October in Millberry Union.

Mrs. Theodore Meyer, executive vice president of UC Hospitals Auxiliary, was chairman of the annual event at which volunteers received award pins for hours of service to the hospitals.

Highlight of the 1969 tea was the award of a 10,000 hour pin — first one in volunteer service history — to Mrs. Belle Brown. Mrs. Robert Jessee presided at the awards presentation.

Volunteers receiving award pins included: 2000 hours, Mrs. Jenesse Farry; 1000 hours, Mrs. Anne Church, Mrs. Eleanor Little: 500 hours, Mrs. Laura Gerstbacher, Mrs. Marcia Holcomb, Mrs. Dorothy Howland, Mrs. Jeanette Kahn, Norma Kristovich, Mrs. Berta Macklin, Mrs. Martha McPherson, Mrs. Josephine Quillinan, Mary Shepston.

Pins for 100 hours went to: Mrs. Rose Alberstat, Mrs. Natalie Armos, Mrs. Ann Cahill, Shirley Coggeshall, Elizabeth Cope, Mrs. Linda Curtner, Mrs. Leona Elmore, Deann Ernhard, Gail Ernhard, Mrs. Harriet Fox, Mrs. Doris Fulton, Mrs. Marjorie Hammond.

Others receiving 100-hour pins were: Mrs. Angie Harris, Lea Hirsch, Mrs. Elizabeth Keller, Mrs. Henny Korte, Mrs. Helen Mintie, Mrs. Dora Mustacchi, Mrs. Helen McDonald, Mrs. Barbara Pettit, Mrs. Jacqueline Reeves, Lynn Renalde, Mrs. Shirley Rossi Bond, Franzie Sampognaro, Mrs. Barbara Jean Sather, Susan Sperber, Sarah Snyder, Mrs. Sally Weiss, Valerie Schuss.

Those who received pins for 100 hours, also, were Mrs. Dorothy Chumley, Mrs. Patricia Petrakis, and for 500 hours, Signe Peterson.

Student awards for 100 hours of service have been presented to: Jeanette Bemis, Merrie Foster, Pamela Goyan, Vera Ingharam, Stanley Liljefelt, Ann Liska, James Mah, Leorah Abouav; 50 hours, Lisa Hanks, Kathy Harlem, Christine Herzog, Maria Hidalgo, Sandra Johansson, Kathy Johnston, Barbara Montoro, Bonnie Tein, Jeri Wall. Roy Blydenstein received a 500-hour pin.

Special highlight of the tea was the introduction of Mrs. Betty Cunningham, who succeeds Mrs. Sue Carlisle as co-ordinator of volunteer services at UC Hospitals. Mrs. Carlisle has retired after seven years in the co-ordinator post. ◄



SUE CARLISLE
Goodbye to UC Hospitals

A tiny patient inspires fund raising drive

Three-year-old Pauline Casey, the world's youngest kidney transplant patient, has inspired fund-raising drives which will help in research and in purchase of artificial kidney machines.

Pauline herself was on dialysis for 13 months before Dr. Fred Belzer of UC Medical Center performed the operation that gave Pauline a chance for a normal life and a transplanted kidney.

The organization behind the donations is the Independent Shell Dealers of Northern Calif. which has given profits from two 24-hour business days to Kidney Foundation of Northern Calif. ◄

Edwin F. Rosinski is named executive vice chancellor

An authority in the fields of medical education, health manpower and counseling is the new executive vice chancellor at UC San Francisco Medical Center.

He is Edwin F. Rosinski, 41, formerly professor and head of the department of health education research at the University of Connecticut Health Center. He has also served as deputy assistant secretary for health manpower of the U.S. Department of Health, Education and Welfare.

In his newly created position at UC, Dr. Rosinski will be responsible for co-ordinating matters relating to students and long-range planning. He will also act for the Chancellor in his absence.

Dr. Rosinski will focus on efforts to develop more effective student participation in university affairs affecting students. He has long been concerned with promoting interests of minority groups in this regard.

Dr. Rosinski received his doctorate in education from the University of Buffalo and later became director of a research project in medical education there. ◄

HEALTH CARE COSTS

What's behind the increase?



About 75 percent of UC Hospitals' $22 million budget for 1968-69 goes into payroll expenses, says administrator Hixson.

At a White House meeting with President Nixon recently, Secretary of Health, Education and Welfare Robert Finch presented a "Report on the Health of the Nation's Health Care System."

It was not optimistic.

"This nation," the report warns, "is faced with a breakdown in delivery of health care unless immediate concerted action is taken by the government and the private sector."

One alarming factor in the health care picture is the soaring cost. Government authorities estimate hospitalization costs increased 55 percent between 1965 and 1969.

At UC Hospitals, the upward momentum was sharpest in the last four years. Why? Administrator Harold Hixson has this to say:

"Salaries and wages have increased at an accelerated rate. This applies to all workers, but especially to those with higher skills — professionals and technicians, licensed professional and vocational employees."

Hixson doesn't hesitate to add this:

"Salaries and working conditions for hospital employees have traditionally lagged behind those of employees with comparable skills in commerce and private industry.

"Gradually, we started catching up, but we were still not caught up four years ago and much was needed to be done. Nor are hospitals yet even with standards in the private sector, although efforts have been made to raise our levels."

All this "catching up," Hixson feels, is the reason why health care costs in hospitals and clinics will continue to increase at a faster rate than general living costs.

"And we have a much higher investment in expensive equipment in 1969 than in 1965," the administrator points out. "This investment makes it possible to do things for patients we could never do before."

Take the radiology department: The area of selective catheterization of vessels of heart and brain is proving tremendously valuable in diagnosing and even in treating conditions that once required a number of complex examinations — or were undetectable. The cost of equipping such a service can run anywhere from $250,000 to $500,000.

And the trained personnel and expensive supplies needed to perform such examinations can run the cost up to $200 per procedure. And along with the need for skilled employees comes the need for more people to do the job. Over the last 10 years, the number of employees per hospital bed has gone from 2.2 to 3 and 3.2, depending on which hospital and what services it provides.

There is another side of the equipment picture, however. Hixson points to a $400,000 investment at UC clinical laboratories. "It has increased accuracy of test results and the variety of tests that can be performed," he says, "and it has resulted in lower cost of over-all operation of the laboratories. Recent surveys of rates show that UC Hospital clinical lab

charges are lower than those of the community generally."

Costly, too, is the operation of the Intensive Care Nursery. It simply didn't exist four years ago. Hixson says: "We are saving lives today that would otherwise be lost without this special unit for infants."

Besides the ICN for infants, UC Hospitals have a coronary care unit for patients with severe heart problems. The per diem cost for adults and for infants in these special units is all the same – about $140.

Not only is equipment expensive but staff is required around the clock to attend the remote monitoring systems. The staff-to-patient ratio is three to five times as high in these units as in a normal acute care situation.

Increases in per diem costs – today the average is $121 per patient – have occurred party because UC is able to perform such expensive procedures as renal dialysis for kidney patients. This costs $200 a day in addition to room rate.

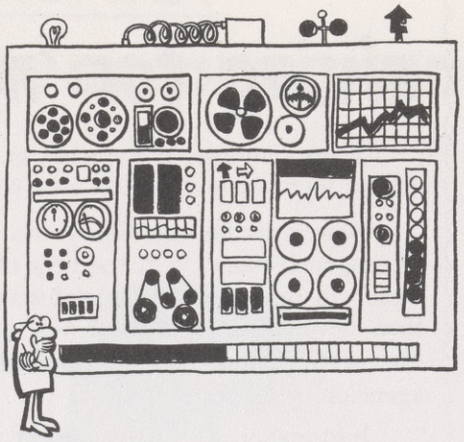
What can be done to put the brakes on accelerating costs? And especially on the West Coast, where prices are higher than anywhere in the nation? Hixson sees a ray of hope:

"The rate of increase will tend to level off because we have achieved the major part of catching-up with private sectors as far as salaries are concerned.

"I expect advances in medical technology to continue, of course. But the big boost in technology costs is behind us, and incorporation of new developments will cost less in future than in the last four years."

Another ray of hope: The evolution of the idea of providing less expensive alternatives to acute care for patients who must occupy extended care facilities.

And hospitals all over the nation – especially in California – are making massive efforts rapidly to incorporate



modern management techniques and technical advances other than those associated solely with medicine. For instance – computers and labor-saving devices.

According to Hixson, the Calif. Hospital Association, with 600 member hospitals, is embarking on an active program to embrace new management practices that will achieve a 5 percent increase in productive efficiency during the next year.

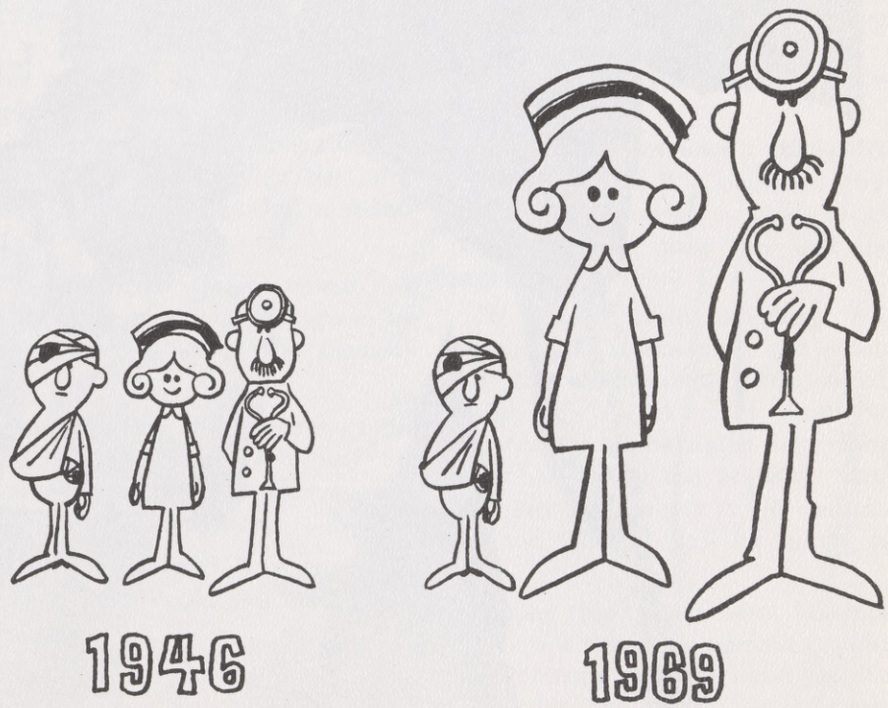
There are 7000 hospitals in the United States. Health is now rated as the third largest "industry" and is climbing toward the top.

"But it's a big industry with relatively small units," the UC Hospitals administrator points out. "So moves are being made toward shared service costs. Seven hospitals in the Bay Area, for instance, built one laundry for all seven.

"And highly automated clinical laboratories and sophisticated computer services can be shared by several hospitals to cut costs."

But despite all efforts to gear down cost increases, the spiral will continue for some time to come. Here's the comparison at UC between February, 1965, and August, 1969; single adult room, $39 and $68; two-bed room, $37 and $66; three and four-bed rooms, $35 and $64; single with toilet and shower, $43 and $72; two bed-room with toilet, $40 and $69.

Hixson's conclusion: "Costs are high and rising. A hospital bill even on a short stay can be sizeable. I urge everyone to prepare himself with some form of insurance that includes major medical coverage." ◄



In its new booklet, "Examining Hospital Costs," the Calif. Hospital Association points out in 1946, 150 persons were employed per 100 patients. Today it's 300.

Heart Association sponsors classes for families

San Francisco Heart Association is planning helping-hand courses for families who must learn to care for patients at home.

Emphasis will be on understanding the patient, his changing living patterns and the need for follow-up care. Arrangements may be made for someone to attend the patient while a family member attends the sessions.

Registration is being handled through Anne Politeo, liaison nurse at UC Hospitals, or by calling the Heart Association at 982-5753 for information and a referral form.

Physician approval is required. The initial course began in September and additional courses will be held on a pilot basis. ◄

giving for 'new' eyes

There's an answer for what to do with old eyeglasses or with tired pocket watches or that left-over copper ear-ring.

New Eyes for the Needy can use all these things and is now collecting such items, with the help of UC Hospitals volunteers. All donations are processed and metal scrap sold to a refinery, with the cash then devoted to purchasing new prescription glasses and artificial eyes for needy patients at UC Hospitals and scores of other hospitals and agencies in 29 states.

Information about the project is available at the Eye Clinic at UC Medical Center.

New Eyes for the Needy is a non-profit, non-sectarian volunteer organization endorsed by the National Society for the Prevention of Blindness and American Academy of Ophthalmology and Otolaryngology.

More than 500,000 people have been assisted by New Eyes funds since 1932 when the organization was founded in Short Hills, N.J., by the late Mrs. Arthur Terry.

All re-usable plastic framed glasses donated are tested, classified and sent abroad to medical missions and welfare agencies for distribution.

The collection center at UC Hospitals is in the volunteer office, room 119, of Moffitt Hospital. ◄



***TEEN-AGE** volunteers who put in hours of service at UC Hospitals this summer aren't finished yet. They're lining up to sign up for the annual tree-trimming spree at holiday time. This year "T-Day" is Dec. 13. Adult and youthful volunteers will whip through the task of decorating more than 50 trees for lobbies and hospital wards.*

'HERE COMES THE PUPPET LADY'

New volunteer program launched

To the average adult, two hours is 120 minutes. To a small child on his first visit to the hospital, a medical test that requires two hours seems like a lifetime.

"Scary" is the way such a child's plight is described by Judy (Mrs. William) Hinrichs, who has triggered at UC Hospitals a unique new volunteer program to ease fears and tensions in tiny young patients.

The project? Puppet therapy, a skill that Mrs. Hinrichs mastered during her volunteer service days in a Chicago hospital.

"The idea there was to prepare youngsters for what would happen in cardiac catheterization," she explained, "when he would be spending two hours in a strange room hearing strange noises and seeing only strangers. And that's scary."

At UC Hospitals, puppet therapy will focus on youngsters being prepared for cardiac surgery and may eventually be expanded to serve all children facing surgery.

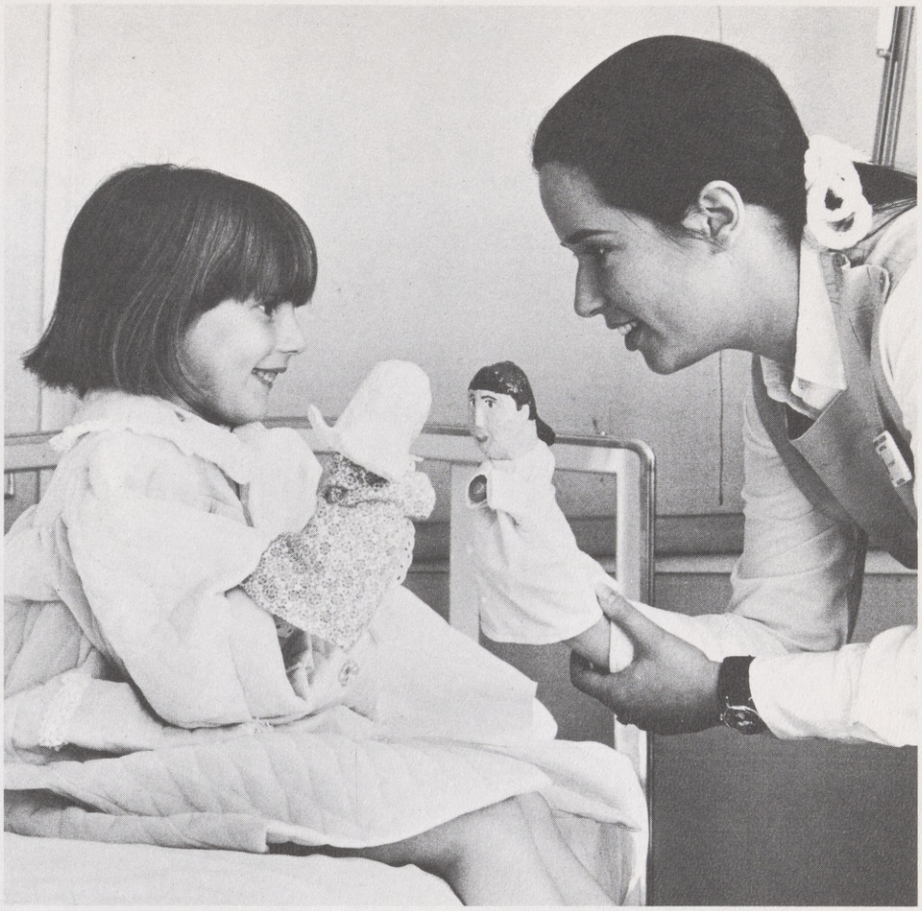
Mrs. Hinrichs and Mrs. Cecil Free are currently assigned to the puppet therapy program on a call basis.

"I just live a few minutes from the hospital. When they need me, they'll telephone and I'll come in," Mrs. Hinrichs says.

She will work with youngsters aged 4½ and up after consultation with doctors and nurses. The hand puppets were designed and made by Mrs. Hinrichs and represent a doctor, a nurse and two children. The doctor is garbed in green surgical gown and mask to help clue a child in on what to expect during his stay in the hospital.

The child puppet is named after the child patient Mrs. Hinrichs interviews. "Suzie," she explains to the tot of the puppet she manipulates, "will have an operation like yours."

In a reversal of roles later in the interview, the child plays himself and is instructed by Mrs. Hinrichs about what to expect: blood pressure readings, blood tests, the shot before going upstairs on a rolling cart, the elevator, the hall outside the operating room, anesthesia and a stethoscope.



Volunteer Mrs. William Hinrichs heads up a unique new puppet therapy program at UC Hospitals to help acquaint young patients with what to expect in surgery.

The child then learns where he'll be after the operation, perhaps in Intensive Care Unit or the recovery room.

Mrs. Hinrichs still remembers the little boy in Chicago who saw her coming down the hall after he had undergone his operation.

"Oh, boy," he cried, "here comes the puppet lady. Would you do it again for me?"

"And if something different happened or something happened out of the sequence I had prepared them for, the kids would complain to the nurse or the doctor 'the puppet lady said you'd do THAT first, not THIS!'" Mrs. Hinrichs remembers with a smile.

Before she interviews a child, Mrs. Hinrichs makes it a point to interview the head nurse to double check procedures and make sure that she says the right thing.

"If I tell a child something will happen and it doesn't," she points out, "that child is really disappointed, really crushed. A child wants to know about his bandages, how many days he'll be in the hospital, when he'll see his parents, when he can eat and whether he'll be thirsty or not."

Among the props Mrs. Hinrichs uses are a miniature operating table, a stethoscope ("so the child can listen to his own heart"), a real anesthesia mask for the child to try on, an Intensive Care Unit setup with miniature intra-venous feeding tubes,

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PUPPET THERAPY

(continued)

drains and a respirator and an EKG machine that makes a real "bleeping" noise.

The mask, Mrs. Hinrichs feels, is important because the child learns that it is uncomfortable and that the doctors and nurses wear masks only because they must.

The puppet therapy, initiated in Chicago, resulted in a doctoral thesis and the project continues there with volunteer staffing five days a week, according to Mrs. Hinrichs.

Studies have shown that children given puppet therapy there exhibit less emotional disturbance during catheterization and that they are more willing to return to the hospital for further treatment.

At its recent meeting, the board of directors of UC Hospitals Auxiliary, headed by Mrs. Francis Sooy, proposed to contribute up to $100 to supply puppets for youngsters to take home when they leave the hospital. ◄



The "unknown" of Intensive Care is explained through miniature puppet made by Mr. William Hinrichs, husband of volunteer Judy Hinrichs.

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